OFFICE OF CONGRESSMAN RAUL RUIZ, M.D.

www.ruiz.house.gov | P: 760-424-8888 | F: 760-424-8993



CONGRESSIONAL NOMINATION APPLICATION FOR UNITED STATES MILITARY ACADEMIES

Return Completed Application Packet to:

Congressman Raul Ruiz, M.D. ATTN: Military Academies Nominations 43875 Washington Street, Suite F Palm Desert, CA 92211

Thank you for your interest in obtaining a congressional nomination to the United States Military Academies. This completed application, along with supporting documents detailed below, must be delivered to my office or postmarked by **Friday, October 21, 2022,** to be considered for a congressional nomination. Please note that only residents of California's 36th Congressional District may be considered for a congressional nomination.

REQUIRED DOCUMENTS

| Please attach the following documents to the completed application: |
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| <u>High School Transcripts</u> . <u>Official copy</u> of high school transcripts. Please ensure that the transcripts include courses currently in progress, your GPA, and rank. |
| Personal Essay. Essay of 500 words or less, describing why you want to attend a |
| military academy and your goals in military service. |
| SAT or ACT Test Scores. Please submit official copies of your test scores. To send |
| SAT scores directly to Congressman Raul Ruiz's office, use <u>code 4473</u> . To send ACT scores, use <u>code 7275</u> . |
| Two letters of recommendation. Please provide two letters of recommendation from |
| people who know you well and can attest to your educational skills and abilities. The |
| best practice is for at least one letter from a principal, teacher, or coach. Letters should be on institutional letterhead, signed, and in a sealed envelope. |
| Resume . Please provide a resume detailing your high school extracurricular activities, |
| community service, work experience, and honors/awards. |
| Photograph . Please provide a photograph (no larger than 4"x 6") of yourself with your name printed on the back. |
| name printed on the back. |

1. PERSONAL INFORMATION M.I. First Name Last Name Street Address City, State, Zip Code Date of Birth Social Security Number **High School Attending Expected Graduation Date** Preferred Contact Phone number **Email Address** 2. PARENT/GUARDIAN INFORMATION Parent(s)/Guardian(s) Names Street Address City, State, ZIP Code Preferred Contact Phone number **Email Address** 3. ACADEMY NOMINATION INFORMATION Please rank 1 thru 4 the military academies for which Please indicate with a check mark which schools you you are seeking a nomination. If you are not interested have opened an admissions file at. in applying to one of the academies, do not rank them. U.S. Air Force Academy U.S. Air Force Academy ____ U.S. Naval Academy ____ U.S. Naval Academy ____ U.S. Military Academy ____ U.S. Military Academy

| U.S. Merchant Marine Academy | U.S. Merchant Marine Academy | | | |
|---|------------------------------|--|--|--|
| Are you seeking a nomination through another office? If yes, which office(s)? | | | | |
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ACKNOWLEDGEMENT

I hereby confirm that all information provided is correct. I sincerely desire to attend a United States Service Academy. I intend to vigorously pursue an academic course of study if appointed. I understand that a nomination from Congressman Raul Ruiz **does not guarantee** that an appointment will be offered.

I understand that the deadline for submitting my completed Application for Nomination is October 21, 2022. If I have not submitted all the requested information before the deadline, I understand that my application may not be given full consideration.

| I authorize Congressma academy if nominated | an Raul Ruiz to use and/or release my name for official purposes. | , photograph, high school, and |
|--|---|--------------------------------|
| | Signature | Date |